

Medicare Supplement for Retiring Members

When you retire, your employer-provided coverage under the Medical Plan ends. If you are eligible for Medicare and are about to retire, please contact the Board of Pensions to discuss your eligibility for the Medicare Supplement Plan. If you are not yet eligible for Medicare but want to enroll in the Medicare Supplement Plan when you are, you must either continue coverage under the Medical Continuation Program or preserve your right to subscribe at a later date by filing a waiver.

To either subscribe for this coverage upon retirement or file a waiver, you'll need to complete the Medicare Supplement Subscription, Waiver, or Withdrawal form (MED-200), available at Pensions.org or by calling the Board of Pensions at 800-773-7752 (800-PRESPLAN).

Please note: Affiliated Benefits Program (ABP) employers may establish their own provisions regarding eligibility for retiree medical coverage before (but not after) they enroll in the Affiliated Benefits Program. If so, their provisions apply to members retiring under their coverage; if not, the Board's eligibility provisions, listed below, apply.

Purpose

Medicare Supplement coverage supplements Medicare, specifically Parts A and B; it is secondary coverage offered to eligible members at retirement by subscription. It covers a wide range of medical services and supplies (after Medicare, as the primary insurer, pays its share). The Medicare Supplement Plan also includes a Part D prescription drug benefit. If you are eligible, you may subscribe for Medicare Supplement coverage when terminating coverage under the Medical Plan.

Important! You must meet a **continuous coverage requirement** in order to enroll. Generally, you must be covered continuously by the Medical Plan or the Medical Continuation Program until eligible for Medicare Supplement. *If you do not subscribe when you terminate service to the Presbyterian Church (U.S.A.), you will not be eligible to subscribe at a future date unless you waive coverage — that is, formally postpone it.*

Eligibility

As a retiring member of the Benefits Plan, you may subscribe for Medicare Supplement if you:

- are age 65 or older
- are enrolled in Original Medicare (Medicare Part A and Part B) and
- meet the Rule of 70
- live in the United States

The Rule of 70

- You must be 55 or older when you terminate eligible service to the Presbyterian Church (U.S.A.).
- You must have at least five years of Benefits Plan participation.
- The sum of your age and years of Benefits Plan participation at termination must equal 70 or more.

You also must meet the **continuous coverage requirement**, described earlier, in order to enroll.

If you qualify for Medicare Supplement coverage but currently have other employer-based coverage, you may defer enrollment in Medicare Supplement by seeking a waiver of the continuous coverage requirement. If you do not waive coverage, you will not be eligible to subscribe later.

Family members who may subscribe

These family members also may subscribe for Medicare Supplement coverage, regardless of whether you choose to subscribe when you are eligible:

- your spouse or eligible child who has maintained continuous coverage and is enrolled in Medicare Part A and Part B
- your surviving or divorced spouse who has maintained continuous coverage and is enrolled in Medicare Part A and Part B

Coverage Overview

The Medicare Supplement Plan covers a wide range of medically necessary services and supplies beyond what Original Medicare covers, and some costs that Medicare does not cover at all. Generally, Medicare Supplement covers:

- prolonged hospitalization, skilled nursing facility care, and inpatient and outpatient psychiatric treatment
- medical supplies and services
- ambulance services
- your Medicare Part A and Part B deductibles
- routine vision exams
- outpatient prescription drugs
- required medical care when traveling outside the United States

Coverage Overview (cont'd.)

The Medicare Supplement Plan *does not* cover:

- routine dental or hearing care
- custodial care
- services for you if you reside outside the United States

After Medicare pays its portion of the services it covers, the Medicare Supplement Plan pays your healthcare providers based on Medicare's allowance for the remaining balance. For most services, the plan pays 80 percent of the remaining balance after Medicare considers the claim.

Subscription

You pay a subscription rate, or premium, for each eligible subscriber up to two. To get current subscription rate information, visit Pensions.org or contact the Board of Pensions.

To subscribe for Medicare Supplement coverage, complete the personal information, subscription, and authorization portions of the Medicare Supplement Subscription, Waiver, or Withdrawal form. Return the completed, signed form to the Board of Pensions 30 days prior to your last day of coverage as an active member of the Medical Plan.

Continuous Coverage Waiver

If you or your spouse is choosing other employer-based coverage at retirement and wishes to preserve the right to subscribe for Medicare Supplement when the other coverage ends, you must officially waive coverage.

To do this, complete the personal information, waiver, and authorization portions of the Medicare Supplement Subscription, Waiver, or Withdrawal form. Submit the form to the Board of Pensions 30 days prior to your last day of coverage as an active member of the Medical Plan.

If you are retiring before age 65 and wish to waive coverage, refer to *Guide to the Medicare Supplement Plan 2012* for eligibility and procedural information.

Note: You may not subscribe for Medicare Supplement at a later date unless you have a waiver on file.

Re-Enrollment

After you have withdrawn from the Medicare Supplement Plan in order to join a Medicare Advantage plan (a Part C plan under Medicare), you may be eligible to re-enroll in Medicare Supplement:

- during the first 12 months of your participation in a Medicare Advantage plan
- if you make a permanent move out of the Medicare Advantage plan service area
- if your Medicare Advantage plan significantly modifies premiums or benefits or discontinues its coverage to Medicare-eligible participants

For details, refer to *Guide to the Medicare Supplement Plan for Retired Members 2012*.

Important! You can choose to withdraw from and re-enroll in Medicare Supplement only once. To apply for re-enrollment in Medicare Supplement coverage, you must provide the Board with certain information, if not in advance, then within 30 days of disenrollment from or termination of your previous plan.

Resources

For an introduction to Medicare and how the Medicare Supplement Plan offered through the Board complements your Medicare coverage, read the Board's publication *Choosing Healthcare Coverage at Retirement*. This publication discusses the coverage options you should consider before deciding how to supplement your basic Medicare benefits. For a more detailed look at the Board's Medicare Supplement coverage, refer to *Guide to the Medicare Supplement Plan for Retired Members 2012*.

Both publications are available at Pensions.org or by request from the Board of Pensions.

See also:

- Medicare.gov
- Socialsecurity.gov
- Healthcare.gov
- Ncoa.org
- Pensions.org

If any discrepancy exists between this product sheet and the official Benefits Plan document, the official plan document governs. Visit Pensions.org or call the Board of Pensions at 800-773-7752 (800-PRESPLAN) for a copy of this official document.